

Children Can't Weight

Community Forum on Childhood Obesity Prevention

Desert Willow Conference Center South Phoenix, Arizona

May 19, 2009	
9:00 - 9:45	Registration and Reception
9:45 - 10:15	<p style="text-align: center;">Welcoming</p> <ul style="list-style-type: none"> Supervisor Mary Rose Wilcox - Maricopa County Board of Supervisors, District 5 Jeanette Shea Ramirez - Assistant Director, Arizona Department of Health Services Dr. Bob England - Director, Maricopa County Department of Public Health
10:15 - 10:30	<p style="text-align: center;">Community Forum Framework</p> <ul style="list-style-type: none"> David Dube - Maricopa County Department of Public Health
10:30 - 11:30	<p style="text-align: center;">Panel 1: Collecting Useful Data to Enhance Childhood Obesity Prevention</p> <ul style="list-style-type: none"> Frances Kaplan, Moderator - Arizona Department of Health Services Dr. Julie Crichton - AAP-AZ/MCYSPA 0-5 Mapping Project Jeremy Hubbard & Mara DeLuca - Nutrition & Physical Activity Asset Mapping Project Dr. Seline Szkupinski Quiroga - South Phoenix Photovoice Project Doug Hirano - South Phoenix Healthy Kids Partnership
11:30 - 12:20	Lunch
12:20 - 1:50	<p style="text-align: center;">Panel 2: Role of Policy in Strengthening Childhood Obesity Prevention Efforts</p> <ul style="list-style-type: none"> Doug Hirano - Moderator Dr. James Sallis - Built Environments, Physical Activity, and Childhood Obesity Sharon Sass - Policy Options for the Food Environment Dr. Rene Bartos - Prevention, Assessment and Treatment of Childhood Obesity Kelley Murphy - Childcare Environments and Obesity Traci Grgich - The School Environment
1:50 - 2:00	Break
2:00 - 3:00	<p style="text-align: center;">Facilitated Chaos</p> <ul style="list-style-type: none"> Lisa Glow - Lead Facilitator
3:00 - 3:10	<p style="text-align: center;">Closing</p> <ul style="list-style-type: none"> David Dube - Maricopa County Department of Public Health
3:10 - 3:45	Networking

← Use the bookmarks to the left for easy navigation of the agenda items

PRESENTER BIOGRAPHIES

Dr. Rene Bartos is a pediatrician and the chairperson of the Arizona Chapter of the American Academy of Pediatrics (AzaAP) Committee on Childhood Obesity. She also serves at the Community Access to Child Health (CATCH) grant facilitator for Arizona, and is a member of the AzaAP Medical Home Committee and Early Childhood Task Force. She is a Fellow of the American Academy of Pediatrics (AAP), was elected to the AzaAP Board of Directors, and also serves as the Arizona liaison for the AAP Council on Children with Disabilities. Dr. Bartos received her M.D. degree from the University of Michigan and a Masters of Public Health in Maternal and Child Health from Johns Hopkins University. She completed her Pediatric Residency training at the University of Arizona and currently works as the Medical Director of Health Choice Arizona, an AHCCCS health plan.

Dr. Julie Crichton is a Board Certified Diplomate of the American Board of Anesthesiology and has been in practice in Scottsdale, Arizona for over ten years. She completed her Internship in Pediatrics at Children's Mercy Hospital and Truman Medical Center in Kansas City and completed her Anesthesia Residency at the University of Iowa Hospitals and Clinics. She has specialty training in women and children's health and has participated in public health classes at Arizona State University, the Arizona Governor's Call to Action: Healthy Weight for Children and Families, and has been a panel member for the Sesame Street Healthy Kid's Leadership Summit. She volunteers on the Scottsdale Unified School District Wellness/Coordinated School Health Committee and has been the Keynote Speaker for the Scottsdale Unified School District's Wellness University. Most recently she has joined forces with the American Academy of Pediatrics and Maricopa Council on Youth Sports and Physical Activity to prevent obesity as a volunteer task force member and volunteer medical director of a 0-5 Mapping Project. Dr. Crichton is the author of an award winning children's book series to help promote health and wellness to our youngest generation. She actively speaks in the community to promote wellness in families and young children through integrating literacy and print motivation with nutrition and physical activity. She resides in Scottsdale with her husband and three young children.

Mara DeLuca works in the Office of Health Promotion and Education in the Maricopa County Department of Public Health. She earned her Master of Public Health degree from the University of Pittsburgh, and a Bachelor of Arts in Interdisciplinary Studies from Michigan State University. She currently coordinates the Women Together for Health program, a bilingual maternal health program which aims to reduce and prevent cardiovascular diseases. She teaches the physical activity component, and is a Certified Personal Trainer.

David Dubé is administrator for the Division of Community Health at the Maricopa County Department of Public Health. He has worked at all levels in public health organizations, including as Executive Director for a Public Mental Health System Management Agency in Maryland and is Past-President of the Arizona Public Health Association. He earned a Bachelor of Science in Food and Nutrition Science from San Diego State University, and a Master of Public Health from UC Berkeley. He is both a Registered Dietitian and a Certified Health Education Specialist. Frankly, he would probably rather be hiking in the Grand Canyon.

Frances Kaplan, MPH, currently serves as the Nutrition, Physical Activity and Obesity Prevention Manager in the Bureau of USDA Nutrition Programs at the Arizona Department of Health Services (ADHS). Ms. Kaplan brings 15 years of multicultural health program development, implementation and evaluation, with emphasis on collaborative partnerships, training, technical assistance, and community outreach in both infectious and chronic disease prevention and control. Prior to her work at ADHS, she directed the Community Outreach Program for the Joslin Diabetes Center and Clinic in Boston, Massachusetts for three years before relocating to Phoenix, Arizona. Ms Kaplan also lived and worked in the Dominican Republic for four years, first as a community health project specialist with the Peace Corps, and then as a grants program assistant manager for a national project under a USAID cooperative agreement. She holds a Masters degree in Public Health from Boston University where she concentrated in Social and Behavioral Sciences, and Health Services, and is fluent in Spanish. She is a member of the American Public Health Association, Arizona Public Health Association, National Peace Corps Association, and Central Arizona Returned Peace Corps Volunteer Group.

Lisa Glow, J.D. served as a Senior Policy Advisor to former Arizona Governor Janet Napolitano, both in the Governor's Office and when Janet Napolitano was the Arizona Attorney General From 1999-2006. As Director of the Arizona Governor's Office for Children, Youth and Families, Lisa was responsible for bringing in significant federal and foundation grants to support Arizona citizens, for developing and advancing statewide public policy agendas, and for creating opportunities and synergies between the public and private sectors. Most recently, from 2006-2009, Lisa served as the CEO and President of the Southwest Autism Research and Resource Center (SARRC). And today, Lisa has her own consulting practice working with communities on building collaborations, fundraising for non-profits, as well as government relations, strategic planning, capacity building and program development. Prior to public service, Lisa practiced law with the firm of Steptoe & Johnson.

Traci Grgich is a registered dietitian (RD) and a school nutrition specialist (SNS) and is a National School Lunch Program specialist with the Arizona Department of Education, Health and Nutrition Services Department. She received her Bachelors degree in Dietetics from Arizona State University and was an intern with the Veteran's Administration Medical Center in San Diego, CA to complete her credentials. Before coming to the Department of Education, she worked in clinical dietetics at a local community hospital where she specialized in pediatric diabetes education and neonatal nutrition. Currently, she coordinates the School Meal Initiative (SMI) reviews and is the Lead specialist for the Health Team.

Doug Hirano has been the executive director of the Asian Pacific Community in Action since July 2006. Prior to that, he served as a vice-president at Mountain Park Health Center, a primary health care organization serving the greater Phoenix area. In that capacity, he helped found the South Phoenix Healthy Kids Partnership, a childhood obesity prevention coalition. Doug also worked for 14 years with the Arizona Department of Health Services in various program areas, including HIV/AIDS and primary care. He is a past president of the Arizona Public Health Association; current chair of the Maricopa Integrated Health System's Family Health Center Advisory Council and also serves on the Governor's Asian American Advisory Council and the Governor's Commission on Women and Children's Health.

Jeremy Hubbard is a Registered Dietitian in the Office of Nutrition Services at the Maricopa County Department of Public Health. He obtained his Bachelor of Science in Nutrition from the University of Texas at Austin, and is currently working towards a Master of Science in Human Movement from the A.T. Still University - Arizona School of Health Science. He primarily works in Phoenix area elementary school districts providing nutrition education to K through 8 classrooms and teachers, through USDA's SNAP - Nutrition Education program. In addition, he teaches Community and Sports Nutrition courses at Paradise Valley Community College.

Kelley Murphy, RN, MSN is the Senior Health Policy Specialist for Arizona's First Things First program. First Things First is the Arizona Early Childhood Development and Health Board created through a voter initiative in 2006. It was created to help provide greater opportunities for all children five and under in Arizona to grow up ready to succeed. Kelley has been a Registered Nurse for 15 years. She received both her BSN and MSN from Indiana University School of Nursing. Her early clinical experience was in Critical Care and Cardiology, but a desire to get to the patient before the damage was already done led her to Public Health. Prior to arriving in Arizona 3 months ago, Kelley worked in several capacities for the Marion County Health Department in Indianapolis, Indiana for 11 years. Most recently, she was the District Nursing Coordinator. Her MSN is in Community Health Nursing with a focus on public health policy. Kelley's graduate research project and thesis were both related to childhood and adolescent obesity policy. She assisted the

state of Indiana in writing its' strategic plan to address childhood obesity. Additionally, for the last several years she has been involved in multiple statewide coalitions aimed at advocating for evidence based public health policy.

James F. Sallis, Ph.D is Professor of Psychology at San Diego State University and Director of Active Living Research, a program of the Robert Wood Johnson Foundation. His primary research interests are promoting physical activity and understanding policy and environmental influences on physical activity and nutrition. He is the author of over 400 scientific publications and was identified as one of the world's most cited authors in the social sciences. Time Magazine identified him as an "obesity warrior".

www.dr.jamessallis.sdsu.edu

Sharon Sass, R.D., serves as the Nutrition Education Advisor for the Bureau of USDA Nutrition Programs at the Arizona Department of Health Services. She works with strategic planning, quality of nutrition education, and evaluation for all programs in the Bureau. She is long-time Department employee and has extensive experience in chronic disease nutrition programs, nutrition education for low-income audiences, and social marketing. She is a Registered Dietitian and led fruit and vegetable promotion programs for Arizona from 1993-2005.

Dr. Seline Szkupinski Quiroga, medical anthropologist, is an Assistant Professor of Community Development and Health in the Department of Transborder Chicana/o and Latina/o Studies at Arizona State University. She is one of the founders and lead scientists of the South Phoenix Collaborative which is a network of researchers, students, and community stakeholders addressing health and environmental challenges in the South Mountain community. She has engaged in health research since the early 1990s with a special interest in health status disparities.

Mary Rose Wilcox was born in Superior, Arizona, and is a fourth generation Arizona native from a pioneer Mexican-American family. She is serving her fifth four-year term on the Board of Supervisors in Maricopa County. She previously served on the Phoenix City Council for nine years. Mary Rose was honored as being the first Hispanic woman ever to serve on the Phoenix City Council and the Maricopa County Board of Supervisors. She and her husband, Earl, a former state legislator and justice of the peace, reside in downtown Phoenix and continue to stay involved in the community. For more than a decade, the Wilcox's have been working to revitalize downtown's Grant Park neighborhood. Three years ago, they opened El Portal, an authentic Mexican restaurant. They also recently dedicated the Grant Park Boxing Club so neighborhood kids can box for free.

0-5 Mapping Project



Directed by:
Dr. Julie Crichton
Shawna Bradlich

Supported by:
St. Luke's Health Initiative
MCYSPA

Additional Assistance:
AZ AAP Early Childhood Obesity
Prevention Taskforce



PREVENTION



Food - portions, sugar, fat, fiber

Activity – activity, TV, family structure, urban structure



Car Seat



Pool Fence



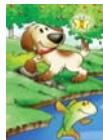
Choking Hazard

0-5 Mapping Project

Opportunity:

To *prevent* obesity we must address this 0-5 age group

If we bypass this population, and begin efforts in school-age children, our opportunity for prevention will be gone, and we will be limited to *interventions* in hopes of reversing this epidemic.

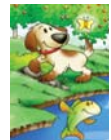


0-5 Mapping Project

Brief yet Critical Window of Opportunity:

Eating habits and lifestyle behaviors are acquired at an early age.

With specific populations of our Arizona youth (age 3 and up) already being documented as 40% overweight or obese, it is realized that we must address healthy eating and active living at the onset of birth (even in the womb!)



Alarming Statistics

66% adults overweight or obese
33% children overweight or obese
50% of youth are sedentary
80% don't get the recomm 5-9 FV/d
400,000 deaths/year due to insufficient exercise and poor diet

More Alarming Statistics

37.2% of children ages 6-11 are overweight or obese

Atherosclerosis (clogged arteries) starts in childhood

1/3 children born in 2000 will develop diabetes

More than 25% of children born in 2004 were never breast fed

60% of mothers of preschoolers were employed and 8.6 million preschool children participated in child care

89% of childcare time is sedentary

JAMA April 2006; CDC
Jan 2009; AHA Circ Sept
2005; Child Development
Jan 2009

0-5 Mapping Project

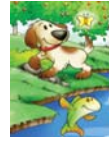


Compile and Present Resources and Services

Vision

The end "product" of this mapping project will be an interactive map and resource directory modeled after www.SpacesToPlay.org.

0-5 Mapping Project



Project Timeline:

Phase 1: Identify and Categorize agencies and resources to be surveyed

Phase 2: Build "contact information" portion of the database

Phase 3: Establish online surveys specific to each group (Summer '09)

Phase 4: Present survey results (Fall '09)

Phase 5: Acquire funding to begin website construction

0-5 Mapping Project

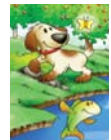


Phase 1: Identify and Categorize agencies and resources to be surveyed

- **WIC Sites**
- **Licensed Daycares**
- **Preschools** (includes Head Start locations)
- **Non-Profits Serving Youth** (Y's, community centers)
- **Hospitals & Clinics** (those with child and/or birthing facilities)
- **Medical Professionals** (servicing expecting mothers & ages 0-5)
- **Business Dedicated to Youth** (gymnastics & swim franchises)
- **Grocery Stores** (with complete produce sections)
- **Farmers Markets**

- **Restaurants** (with *healthier* kids menus)
- **Parks** (those that have playgrounds, splashparks, and 0-5 facilities)

0-5 Mapping Project



Phase 2: Build "contact information" portion of the database

- 41 **WIC Sites**
- 449 **Licensed Daycares**
- 1089 **Preschools**
- 19 **Non-Profits Serving Youth**
- 62 **Hospitals, Health Clinics/Centers**
- ** **Medical Professionals...**list requested from Medical Board
- 183 **Business Dedicated to Youth**
- 450 **Grocery Stores**
- 25 **Farmers Markets**

- 292 **Restaurant Locations**
- 513 **Parks**

0-5 Mapping Project



Phase 3:
Establish online surveys specific to each group

"Of particular benefit to the community and policy makers alike, is the identification of health messages at these various sites, along with number of children served and annual cost per child."

0-5 Mapping Project

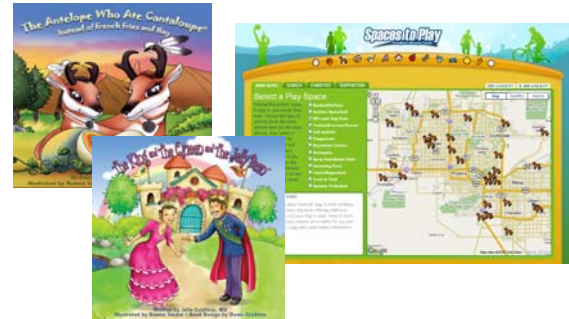



5, 2, 1, 0 Campaign:

- 5 servings of fruits and vegetables per day and use of whole grains and foods with fiber
- Less than 2 hours of screen time per day (none for children age 2 and under)
- At least 1 hour of physical activity per day
- 0 sweetened drinks (promote water, low-fat milk or soy milk)
- Recommend breastfeeding promotion and knowledge about the Arizona WIC Program

Replicated by other communities

The website will utilize the SpacesToPlay “platform” and B.E.A.N. Book Publishing graphics.

[illegible]



Spaces to Play

Creating Healthy Communities

Select the facility you would like to view using the sortable list below.

Name	Address	City	State	Zip	Organization
1st Ave @ River Rd	No Physical Address Listed	Phoenix	AZ	85041	City of Phoenix
90 Club Golf Course	4707 W Paradise Peak Rd	Glendale	AZ	85130	The 500 Club at Adobe Dam
1st Ave @ Elwood St	No Physical Address Listed	Phoenix	AZ	85043	City of Phoenix
1st Ave @ Vineyard	No Physical Address Listed	Phoenix	AZ	85339	City of Phoenix
F. Garcia Elementary School	1445 S. 27th Avenue	Phoenix	AZ	85009	Murphy Elementary School District # 25
L. Traditional School	10444 No. 39th Avenue	Phoenix	AZ	85051	Washington School District
Lucia	2944 W. Hearn Rd.	Phoenix	AZ	85053	City of Phoenix
Lucia Elementary	5020 Stead Avenue	Phoenix	AZ	85023	Washington School District
Lucia Park					ation
Lucia Park					managed facilities on site)
Lucia Elementary					trict #216
Adobe Dam Regional Park					
Adobe Mountain					
Casa Grande High School					
Casa Grande Golf Course					
Casa Grande Country Club					
Chart Cruz Park					

Alphabetical Directory:

The information in the database is accessible in a traditional list with a variety of search functions.

Promising Approaches for Preventing Obesity

(adapted from CDC Aug 2008)

- Community wide campaigns
- Point-of-decision prompts/opportunities
- Improve access to physical education
- Informal outreach and education
- Change individuals
- Change policy
- Change communities



Mapping Efforts in Our Community



Division of Community Health

Office of Nutrition Services
Office of Health Promotion and Education

Jeremy Hubbard, RD and Mara DeLuca, MPH, AFAA

Purpose



The Survey

- Adapted from Live Smart Texas
 - <http://www.livesmarttexas.org/>
- 24 Questions
- Student prompted interview or self-directed
- Limitations
 - Misunderstanding
 - Non-comprehensive
 - Sample Bias/Self-selection

Collection

- 86 collected County-wide
- Non-profits, public recreation sites, supplemental nutrition programs, youth orgs
- Majority of respondents were school-based
- Largest response from the West Valley

Current Activities

- Supplemental nutrition programs
- Dietary education
- Physical activity promotion
- Policy adherence and implementation
- Outreach and awareness raising
- Individual support, parent educational groups
- Gardening, farming, recreational space, chronic disease education, mental health, train-the-trainer, informational hub

Obesity Data

- Less than 30% collect height and weight
- Less than 20% track BMI-for-age:
$$\text{BMI} = \text{Weight in kg} / (\text{Height in m})^2$$
- Blood pressure, lipid panel, fitness assessments, body fat percentage, food and exercise records
- Sharing

Funding

- Over 60% funded by federal government
- More than 30% also by state or local government
- About 25% service fees and fundraising
- Around 15% private foundations
- Sales, grants, tax credits
- Sharing of grant announcements

Technical Assistance

- Additional funding, materials, or staff
- Sharing best practices and new evidence
- Healthy weight toolkit
- Community resource guide or service directory
- Better coordinated services
- Advocacy training

Contact Us:

- **Jeremy Hubbard, RD**
Office of Nutrition Services
(602) 506-9324
jeremyhubbard@mail.maricopa.gov
- **Mara DeLuca, MPH, AFAA**
Office of Health Promotion and Education
(602) 506-5783
maradeluca@mail.maricopa.gov

Data Collection to Inform Childhood Obesity Prevention: Current Projects

Seline Szkupinski Quiroga



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South Phoenix Collaborative



How we can best use social science research at ASU to support the amazing job – often in very challenging conditions - being done by many local agencies to improve the health and quality of life of residents in South Phoenix?

How can we build a research initiative that is sustainable from both an internal and external perspective?

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Current Projects

- South Mountain Village Community Study
- South Phoenix Nutrition Environment Assessment
- South Phoenix PhotoVoice Project

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Setting



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Bioinformatics with GIS to identify 'hotspots'



- Children (aged 5-17) diagnosed with pre-diabetes or hyperlipidemia by zip code.
- Rates are per thousand children.
- South Phoenix study area is marked by the white rectangle.

Source: Arizona Health Query database

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South Mountain Village Community Study

- 150 randomly selected households
- Extensive individual interviews
 - Health Status and Behavior
 - Food Security
 - Social Networks
 - Anthropometrics

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Field Team



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Neighborhood Research Focus

- Accessibility
 - Walkability
 - Transportation
- Safety
- Aesthetics
 - Advertising
- Nutrition Environment
- Physical Activity Environment

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Measuring Walkability

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Spatial Perspective

- Location can have a profound effect on food availability and physical activity
- Issues of obesity distribution within and across communities

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South Phoenix Nutrition Environment Assessment

- Objectively assess food sources in South Phoenix using tool adapted for Latino context
- Consider advertising of healthy/unhealthy food
 - Focus on areas around schools

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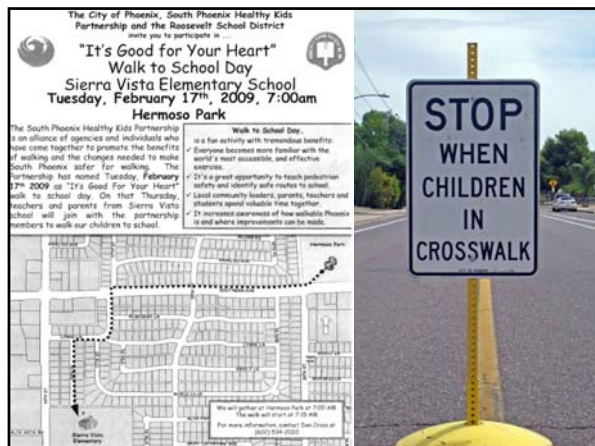
Environmental Justice



- Convenience stores are closer to schools in minority and low-income neighborhoods (Larson et al 2009).

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PhotoVoice Project

- "Photovoice is a process by which people can identify, represent, and enhance their community through a specific photographic technique."

(Wang & Burris, 1997)

- Way to capture youth perceptions of their health environment

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Pilot

- 36 youth (5-17 yrs old) participating in programs at Mountain Park Health Center and St. Vincent de Paul Virginia D. Piper Medical Clinic
- Given disposable camera for 1 week
 - What makes you happy/unhappy?
 - What is a body you like/don't like?
 - What is healthy/unhealthy?

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- 7 youth (9-12) returned cameras and participated in focus groups
 - High attrition
 - Need for followup
 - Age-graded

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Nutrition

- C: They serve me chicken nuggets, pizza, sometimes sandwiches. One time they did teriyaki chicken and they just basically do those things but there's still mostly sandwiches. Other times we do chicken nuggets, pizza, all that.
- I: So do you think the school food is healthy?
- C: No, cause the chicken nugget has a lot of fat, but they're trying to get kids to buy it so . . . it's just basically a snack. They have pizza, which is bad. Sometimes sandwiches, they do sandwiches. They do goldfish crackers. That's basically it."

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Body Image



- I don't like my body because I've been wanting my body to get thinner and I don't want it to be like this because when I see myself like this I just start to think that [if] I get skinny I won't be looking like this anymore when I grow up. I want to be skinny because my grandpa's going to throw me a quinceañera and I don't want to be like, too big because some of my family members might make

fun of me

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South Phoenix Photovoice Project

- 12 week class
- Digital cameras
- Weekly assignments
 - Health,
 - Healthy and unhealthy eating practices,
 - Healthy levels and types of physical activity,
 - Barriers to achieving healthy eating and physical activity, and
 - Body image
- Recorded Focus Groups
- Travelling Exhibit

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Core Research Team

- | | |
|--------------------------|--------------------------|
| ■ Alexandra Brewis | ■ Seline Szkupinski |
| ■ Medical Anthropologist | Quiroga |
| ■ Chris Boone | ■ Medical Anthropologist |
| ■ Urban Geographer | ■ Amber Wutich |
| ■ Jennifer Glick | ■ Urban Ecologist |
| ■ Social Demographer | ■ Donna Winham |
| ■ Gerardo Chowell | ■ Nutritional |
| Puente | Anthropologist |
| ■ Mathematical | ■ Jennifer Sandlin |
| Epidemiologist | ■ Curriculum/Public |
| | Pedagogy |

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Community Partners include.....

- Arizona Department of Health Services
- City of Phoenix Parks and Recreation Department
- Maricopa Council on Youth Sports and Physical Activity
- Maricopa County Department of Public Health
- Mountain Park Health Center
- South Mountain YMCA
- South Phoenix Healthy Kids Partnership
- St. Vincent de Paul Virginia D. Piper Medical Clinic
- Salvation Army South Mountain Community Center

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If you want to get involved...

- <http://shesc.asu.edu/node/364>
- selinesq@asu.edu
- alex.brewis@asu.edu

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The Weight of Evidence: Examining Efforts to Address Childhood Obesity in South Phoenix

Doug Hirano, MPH
May 19, 2009

Presentation Objective

To describe a data gathering approach relating to an epidemic of childhood obesity in a community

Presentation Summary

- South Phoenix demographic overview
- South Phoenix Healthy Kids Partnership
- Methods of data gathering

South Phoenix

- Population: 106,885
- Hispanic: 62% Black: 18%
- Less than HS diploma: 50% Maricopa: 17%
- Single parent: 37% Maricopa: 23%
- Median income: \$34,641 Maricopa: \$49,540
- Population below 100% FPL:
South Phoenix: 26% Maricopa: 12%

South Phoenix Healthy Kids Partnership

- Initiated in 2005 in response to the high prevalence of overweight and obesity among children in South Phoenix
- Mission: To promote healthy weight and optimal physical activity among children and adolescents in south Phoenix through health promotion and education, advocacy and partnership development.
- Coalition that includes schools, health care providers, governmental agencies, community-based agencies
- Core funding from ADHS to Mountain Park Health Center since January 2007

South Phoenix Healthy Kids Partnership - Activities

- Public education – speaker's bureau, resource guide
- "All Kids Can" classes for kids and parents
- Coordination of community events – walk-to-school days, community garden
- Policy advocacy

South Phoenix Healthy Kids Partnership – Initial Data Gathering

- Medical records review at MPHIC South Phoenix
- Focus groups of parents and children
- Asset mapping of South Phoenix

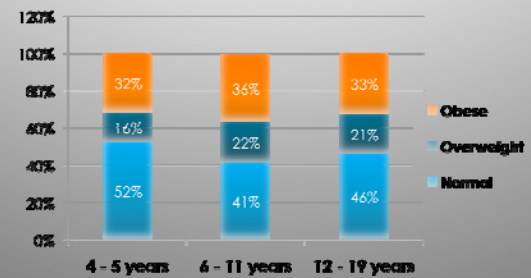
Monitoring BMI

- Goal: To track community-wide pediatric BMI in South Phoenix to target resources
- Methods: Medical records review, review of school-based data
- 2003 – Pediatrics medical chart review at MPHIC in South Phoenix and data from selected Roosevelt Elementary schools
- 2007 – Initiated ongoing data entry of BMI

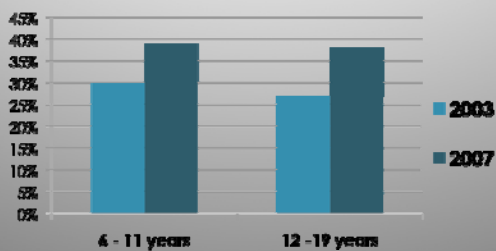
Childhood Obesity Rates in South Phoenix

	MPHC (2003)	Roosevelt Elementary (2003)	NHANES (2004 – 2006)
Boys, 6 – 11	29.6%	22.0%	16.0%
Girls, 6 – 11	18.8%	24.8%	14.5%
Boys, 12 – 19	26.9%	25.0%	15.5%
Girls, 12 – 19	25.0%	26.2%	15.5%

2007 – 2008 Registry Data Mountain Park Health Center



Comparison of Obesity Rates: Mountain Park Health Center



Provider Attitudes and Practices (2007)

- Goal: To better understand current provider attitudes and practices
- Method: one-on-one interviews with MPHIC Pediatrics providers
- On average, they spend 10 minutes extra with overweight/obese kids and parents
- Frustration about what to do (evidence base) and lack of parent "buy in" to problem
- Interest in a structured weight management program and clinic BMI registry

Community Knowledge about Physical Activity and Nutrition (2007)

- Goal: To better understand community knowledge with which to design programs and policies
- Method: Self-administered English/Spanish questionnaire using multiple choice format (n = 356)
- 91% think childhood obesity is a big problem
- Only 10% know the recommendation regarding fruit and vegetable servings
- Only 31% have complete knowledge of the health problems associated with childhood obesity

Parental Perceptions of Provider Counseling (2007)

- Goal: To better understand how parents feel about provider advice about diet and PA
- Method: Self-administered questionnaire to parents of MPHC Pediatrics patients (n = 149)
- Most parents felt confident they could implement provider advice
- Parents were more likely to receive advice about nutrition than physical activity
- Most frequently received advice: eat more fruits and vegetables; decrease screen time

Evaluating the Partnership (2007 - 2008)

- Goal: To evaluate the functioning of the coalition
- Method: Annual use of a "survey monkey" 10-question survey to Partnership members
- Lowest scores: clarity of roles for members, influencing key community members
- Highest scores: clear vision and mission, meets deadlines and goals

In Summary

- Childhood obesity is a complex problem with many inter-related factors
- Tracking progress will require quantitative and qualitative data
- Quantitative: BMI and community knowledge
- Qualitative: Perceptions about health, nutrition and physical activity among providers, children and parents; coalition effectiveness
- Additional data areas for consideration: community-specific BRFSS and updated community assets

Built Environments, Physical Activity, and Childhood Obesity

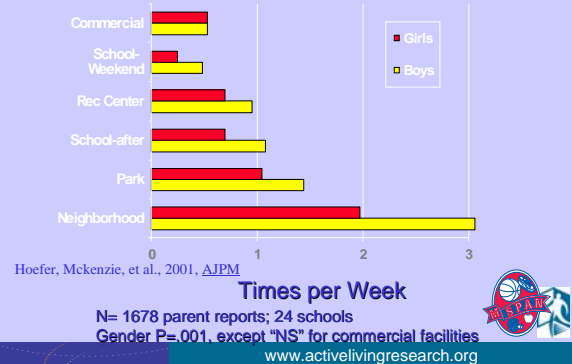
For "Children Can't Weight"
Maricopa County Department of Health
May 19, 2009

James F. Sallis, Ph.D.
San Diego State University

www.activelivingresearch.org



Use of Physical Activity Facilities



Physical Activity Settings

Neighborhood

- Mixed use, connected streets

Transportation facilities

- Sidewalks, bike lanes, transit

Recreation facilities

- Parks, trails, private facilities, aesthetics

Schools

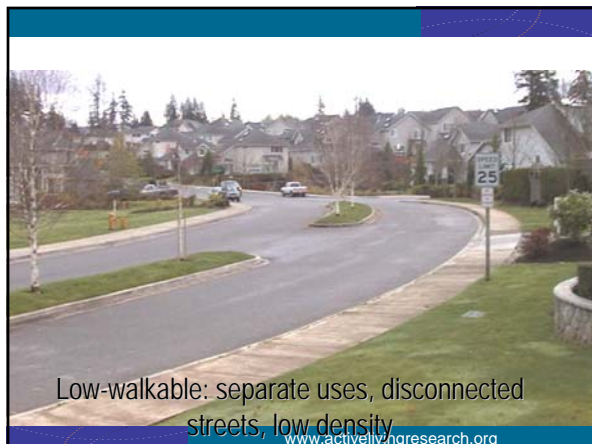
- Siting, buildings, rec facilities

www.activelivingresearch.org



"Walkable": Mixed use, connected, dense

www.activelivingresearch.org



Low-walkable: separate uses, disconnected streets, low density

www.activelivingresearch.org

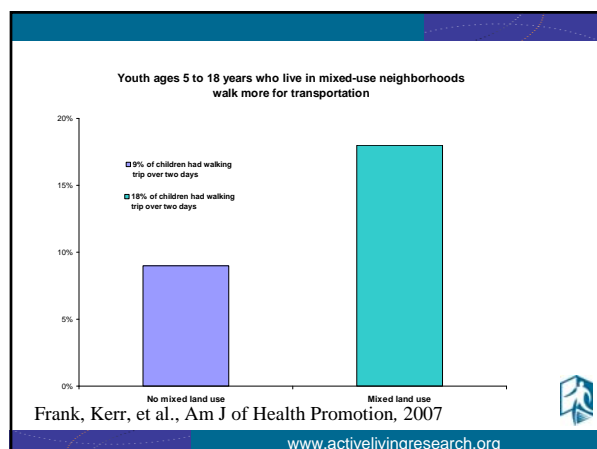
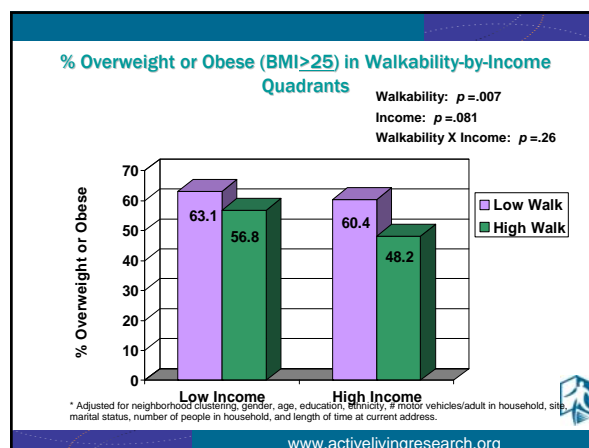
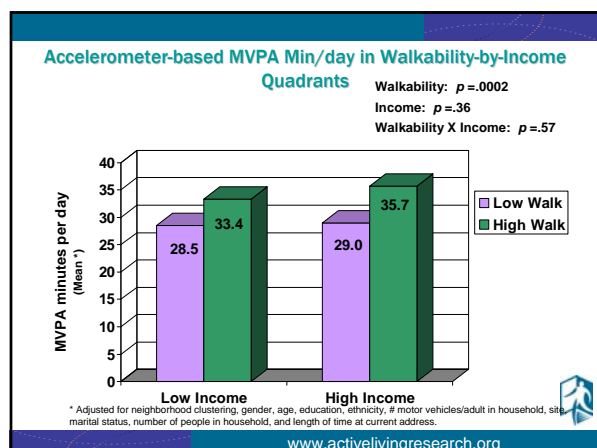
The Neighborhood Quality of Life Study (NQLS): The Link Between Neighborhood Design and PA

James Sallis, Ph.D.
Brian Saelens, Ph.D.
Lawrence Frank, Ph.D.
NHLBI 2001-2005

Results published March 2009
in Social Science and Medicine

www.activelivingresearch.org





Walking/Cycling to School

- Decreased 37% from 1977 to 1995
- Current rates are 5% to 14%
- More children walked when there were sidewalks (Ewing, 2004)
- Evaluations of Safe Routes to Schools program in California shows investments to improve safety (sidewalks, pedestrian crossings) can increase walking & biking to school

www.activelivingresearch.org

Neighborhood Walkability and Active Commuting to School

- 201 parents of children aged 4 to 17
- Active commuting to school:
 - 25% in hi-walkable neighborhoods
 - 11% in lo-walkable neighborhoods
- Parent concerns, mostly about traffic, were higher in lo-walkable neighborhoods

Kerr, et al. MSSE, 2006

www.activelivingresearch.org

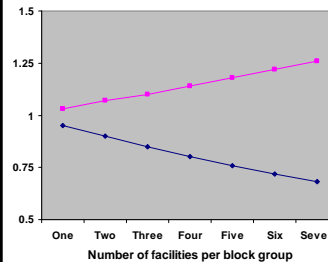
Recreation Facilities and Youth PA



www.activelivingresearch.org

Access to Recreation Facilities Related to MVPA & Overweight in Youth

Availability of recreational & PA facilities and relative odds of overweight and bouts of moderate and vigorous physical activity (MVPA)

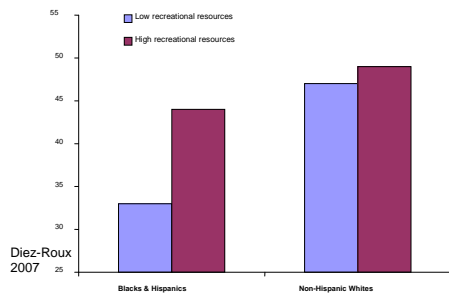


Gordon
Larsen
Pediatr
2006

www.activelivingresearch.org

Recreation Facilities May Be More Important for Minorities

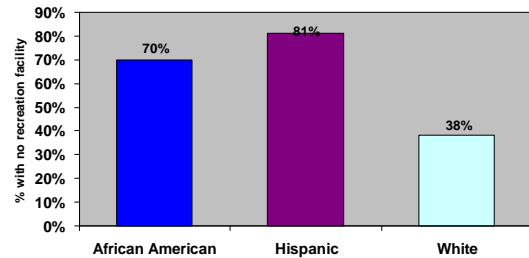
Percent being active with high and low recreational resources within 1 mile of home



Diez-Roux
2007

www.activelivingresearch.org

Percent of census tracts without a recreational facility by race/ethnicity



Moore, Am J Prev Med, 2007

www.activelivingresearch.org

Open Schools for Community Use

- Schools are in all neighborhoods, and they have space & equipment for PA
- Potential for partnerships with PA providers
- Concerns about liability can be overcome
- Learning Landscapes changes closed schoolyards into community parks (Lois Brink)
- Boston Schoolyard Initiative is 10-year school-community collaboration (Russ Lopez)
 - 58 school playgrounds revitalized
 - Open to community

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Summary of Research on Built Environment & Youth Physical Activity

Built Environment Attribute	Active Transport	Active Recreation or Total Physical Activity
Walkability: mixed land use, street connectivity, residential density	+	+
Street connectivity	?	?
Sidewalks	+	+
Proximity of recreation facilities (parks, trails, private facilities)	XX	++
Aesthetics of recreation facilities	XX	+

Sallis & Kerr. For PCPFS Research Digest. 2007

www.activelivingresearch.org

Policy Intervention Targets

- Zoning law reform
- Transport policies
 - Change goal to balance transport system
 - Complete streets
 - More funding for bike/ped enhancements
 - Safe Routes to Schools
- Ensure parks & recreation programs in low income neighborhoods, especially
- Joint use agreements between schools and parks departments



www.activelivingresearch.org

An Active Living Program supported by The Robert Wood Johnson Foundation
and administered by San Diego State University.



www.activelivingresearch.org

Children Can't Weight: Policy Options for the Food Environment



Sharon Sass, R.D.
May 19, 2009

Bureau of USDA Nutrition Programs
Leadership for a Healthy Arizona



Policy Resource



Association of
State and
Territorial Public
Health Nutrition
Directors

Access at:
www.astphnd.org

Bureau of USDA Nutrition Programs
Leadership for a Healthy Arizona



Policy Resource

Leadership for Healthy Communities:
Advancing Policies to Support Healthy
Eating and Active Living

Action Strategies Toolkit

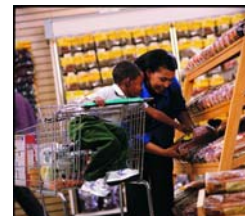
Access at:
<http://www.rwjf.org/files/research/20090508lhtoolkitexecsummary.pdf>

Bureau of USDA Nutrition Programs
Leadership for a Healthy Arizona



Food Environments

- Supermarkets and Healthy Food Vendors
- Farm-Fresh Local Foods
 - Farmers' Markets
 - Community Gardens
- Restaurants



Bureau of USDA Nutrition Programs
Leadership for a Healthy Arizona



Supermarkets

Research shows . . .

Greater availability of healthy food in stores is related to greater availability and increased consumption of healthy foods at home.

Policy options . . .

- Grocery stores healthy and affordable foods in lower income neighborhoods
- Convenience stores to offer healthier foods
- Healthy mobile markets

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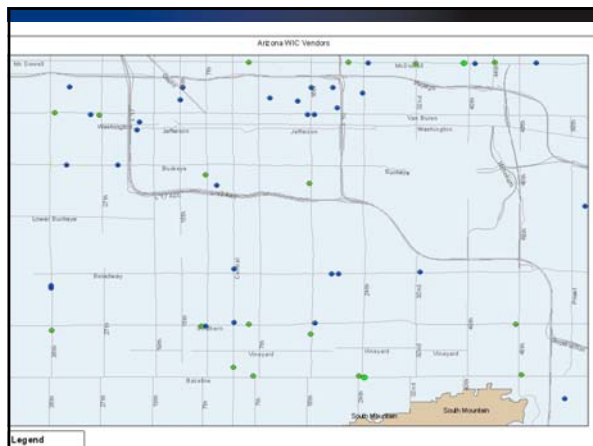
Supermarkets

Food Desert

A **food desert** is an area with little or no access to foods needed to maintain a healthy diet but often served by plenty of fast food restaurants.

Bureau of USDA Nutrition Programs
Leadership for a Healthy Arizona





Supermarkets

Milk Purchases Along Arizona-Mexico Border¹

Milk Location	Whole	2%	1%	Fat Free
Phoenix/Tucson	27%	32%	14%	16%
Yuma	64%	20%	8%	8%
Border Community	89%	11%	-	-

¹Abarca, J. et al. Using Community Indicators to Assess Nutrition in Arizona-Mexico Border Communities, Prev Chron Dis, 2005 Jan.

Bureau of USDA Nutrition Programs

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Supermarkets

Policy and Program Choices

- Food Policy Councils
- Comprehensive Plans – Healthy Food Access
- Financial Incentives for Supermarkets
- Zoning (Allow supermarkets, parking subsidies, replace closed stores)

Bureau of USDA Nutrition Programs

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Convenience Stores

Arizona Health Survey preliminary data indicates that, controlling for education and income, the risk of obesity increases 4% with the presence of each convenience store in the neighborhood.

Access at: <http://www.arizonahealthsurvey.org/>

Bureau of USDA Nutrition Programs

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Convenience Stores

Policy and Program Choices

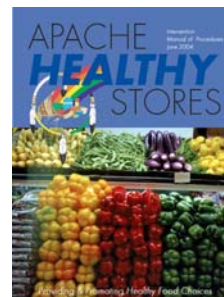
- Food Policy Council
- Incentives for healthy options
- WIC and SNAP
- Marketing healthy options (include limiting marketing of less healthy options)

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Convenience Stores



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Farm-Fresh Local Foods

Research shows . . .

Policies that increase local sources of food will provide consumers with healthier choices, farmers with marketing opportunities, and communities with powerful economic development opportunities.

Policy options . . .

- Farmers' markets
- Community gardens
- Procurement of locally grown food

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Farm-Fresh Local Foods

Public Health Law & Policy
Planning for healthy places



Access: <http://www.healthyplanning.org/index.html>

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Farm-Fresh Local Foods

General plans can be updated to include policy language supporting farmers' markets like:

Encourage the operation of at least [insert number] farmers' market[s] in the [City/County] at least [insert frequency] per week.

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Farm-Fresh Local Foods

General plans can be updated to include policy language supporting farmers' markets like:

Farmers' markets are compatible with the [insert names (e.g., Commercial, Public Facility, Open Space,)] land use designations shown on the General Plan land use map.

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Farm-Fresh Local Foods

General plans can be updated to include policy language supporting farmers' markets like:

Encourage [or require] developers to provide for the dedication of land for neighborhood centers, public squares, or comparable uses that can be used for farmers' markets in new developments.

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Farm-Fresh Local Foods

Farmers' Market Partners

- State and local elected and appointed public officials
- Parks and recreation officials
- State and local health officials
- Food policy councils
- Local farmers/ farmers' market associations
- Community members

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Farm-Fresh Local Foods

General plans can be updated to include policy language supporting community gardens like:

Encourage the creation and operation of one community garden of no less than [one] acre for every ____ [2,500] households. Identify neighborhoods that do not meet this standard and prioritize the establishment of new gardens in neighborhoods that are underserved by other open space and healthy eating opportunities.

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Farm-Fresh Local Foods

Community Gardens Opportunities

- Convert blighted areas to community gardens
- Issue bonds to nonprofits to transform vacant lots
- Public resources to neighborhood associations that run community gardens

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Farm-Fresh Local Foods

USDA Community Food Projects Competitive Grant Program

- Navajo Nation Traditional Agriculture Outreach
- Winslow, Arizona
- Funded at \$299,700 for three years

Access at:
http://www.csrees.usda.gov/nea/food/sri/hunger_sri_awards.html

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Restaurants

Research shows . .

Nutrition information on restaurant menus empowers consumers and influences food choices.

Policy options . . .

- Offer reasonably sized portions and low fat and low calorie menus
- Encourage restaurant menu labeling

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Restaurants



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Policy Outcomes

Arizona Nutrition Network Survey

	2003	2004	2005	2006
Whole Milk	43.1%	44.4%	24.6%	19.8%
2% Milk	38.8%	40.9%	44.6%	29.7%
1%/Fat Free Milk	9.3%	10.4%	21.0%	33.6%

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Policy Opportunity



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THE AMERICAN ACADEMY OF
PEDIATRICS
ARIZONA CHAPTER

Creating Changes for Healthier Youth

Prevention, Assessment and Treatment of Childhood Obesity

AzAAP Childhood Obesity Committee

Rene Bartos, MD, MPH, FAAP

May 19, 2009



AzAAP Childhood Obesity Committee

- Started as a workgroup of the AzAAP Early Childhood Committee
- Created a position paper to describe the scope of the problem, best practices, Arizona efforts, gaps and proposed actions:
<http://www.azaap.net/obesity-reports.asp>
- Became a committee as the group moved forward with activities that expanded beyond the 0-5 year old age group



The Childhood Obesity Crisis

- Major chronic illnesses are associated with behavioral risk factors, including poor diet and sedentary lifestyle
- The chronic disease burden is anticipated to increase, affecting quality of life and future healthcare costs
- The foundation for good nutrition and physical activity is laid in early childhood



Obesity and Healthcare Costs

- Direct and indirect costs due to obesity were estimated to be 117 billion in 2001 (CDC, 2004)
- Approximately half of obesity-attributable medical expenses among adults are financed by Medicaid or Medicare (Finkelstein et al, 2004)
- Costs to state Medicaid budgets are significant, with estimates ranging from \$23 million in Wyoming to \$3.5 billion in New York in 2003 (Rabinowitz, 2008)
- Childhood obesity is responsible for \$14 billion per year in direct health costs (Robert Wood Johnson, 2007)



The Childhood Obesity Crisis

- According to available data, about 25 percent of Arizona youth are overweight
- Data on young children is suboptimal, as the data currently available is mainly from surveys of older youth and actual BMI data is not available for all youth. There is no systematic childhood obesity tracking mechanism in place in Arizona
- Data available suggests that disadvantaged and at risk youth are at a higher risk for obesity



AzAAP Childhood Obesity Committee Key Findings

- Arizona received a report card with a C grade for childhood obesity related activities in 2007, according to the National Initiative for Children's Healthcare Quality (nichq.org/obesityactionnetwork)
- Healthcare professionals lack streamlined processes and programs to help prevent and treat obesity
- Treatment of obesity is complex and resource-intensive, it requires a family centered approach and services that go beyond the pediatrician's office or clinic



AzAAP Childhood Obesity Committee Key Findings

- Pediatricians/clinicians are unable to meet the increasing demand for obesity prevention and treatment in their offices, and there are not enough endocrinologists to handle the growing obesity problem
- Availability of safe places for children to be active is of concern to families
- Economic factors can work against family efforts to eat healthy foods and get adequate physical activity



AzAAP Childhood Obesity Committee Key Findings

- Not enough funding and resources have been allocated for prevention
- Missed opportunities exist for promoting physical activity and nutrition for families of young children



AzAAP Childhood Obesity Committee Objectives

- Work with health plans to develop incentives and interventions that target physical activity, good nutrition, and health promotion, including member incentives and provider incentives for best practices and completion of obesity prevention training



AzAAP Childhood Obesity Committee Objectives

- Assess reimbursement practices. Advocate for appropriate reimbursement. If needed, explore alternative reimbursement strategies and alternative models of care
- Ensure providers have knowledge of the appropriate codes to be reimbursed adequately for prevention, diagnosis, and treatment of obesity



AzAAP Childhood Obesity Committee Objectives

- Standardize and encourage appropriate calculation of BMI percentile for children 2-21 so that we have better statewide aggregate data to track childhood obesity. Adequate tracking will help obtain future funding for AZ, and is important for monitoring success of interventions over time



AzAAP Childhood Obesity Committee Objectives

- Provide expertise and best practices to community groups and state agencies serving young children, such as the Childcare Health Consultant Program, Head Start Program, child care centers and home day care programs, and education centers



AzAAP Childhood Obesity Committee Objectives

- Work collaboratively with schools and school nurses to promote increased physical activity and good nutrition as well as other best practices that could decrease childhood obesity
- Explore the extent of BMI measurement/data collection in schools and determine whether the measurement/tracking follows the most recent national guidelines



AzAAP Childhood Obesity Committee Objectives

- Explore funding/supporting peer programs and expanding models currently in place, and programs that link Arizona youth to athletes and other role models to promote and foster increased physical activity through role-modeling



AzAAP Childhood Obesity Committee Objectives

- Partner with Hospitals and Healthcare Providers seeing pregnant and postpartum women and newborns by developing focused programs to assist providers in outreach and education to their patients to encourage healthy habits before babies are born and right after birth
- Promote implementation of Baby Friendly Hospital Initiative policies in hospitals with delivery services, training newborns' physicians as well as hospital staff, and identify/foster lactation support groups



AzAAP Childhood Obesity Committee Objectives

- Create a Resource Map of existing Arizona programs and activities that promote good nutrition and physical activity
- Select a communications representative to provide updated information to AzAAP members and community partners on a regular basis and ensure AzAAP website has all appropriate links and is updated on a regular basis



AzAAP Childhood Obesity Committee Objectives

- Revise the obesity toolkit for clinicians, in collaboration with ADHS and other key stakeholders, and develop obesity prevention and treatment educational strategies, and a CME program for Arizona clinicians



The 5-2-1-0 Message

- 5 – Servings of fruits and vegetables per day
- 2 – Less than 2 hours of screen time per day (computers, TV, video games, cell phones)
- 1 – At least one hour of physical activity per day
- 0 – Zero or almost zero sweetened beverages such as soda and sports or energy drinks



AZ Way to Go! Toolbox

- Clinician Toolbox includes:
 - poster and patient handouts
 - healthy lifestyle screening tool
 - laminated pocket reference sheet with recommended assessment and treatment algorithms and a motivational interviewing tool
 - blood pressure tables
 - growth charts and website for BMI percentile calculation
 - websites for families and for clinicians
 - Prescription pad for 5-2-1-0 lifestyle changes
 - coding information sheet and sample letter to insurance companies



AZ Way to Go! Toolbox

- School Nurse toolbox includes:
 - poster and handouts for youth and families
 - stickers to reward students for making healthy choices
 - examples of possible school strategies to promote healthy choices
 - motivational interviewing tool
 - websites for families and for clinicians
 - prescription pad for 5-2-1-0 lifestyle changes
 - sheet and sample letter to insurance companies



AZ Way to Go! Toolbox

- In the near future, items in these toolboxes will be available free online via the Arizona PediaLearning Resource Center: www.azpedialearning.org
- Items will be updated and additional tools may be added based on feedback to the committee



Just the Beginning

- We have completed the toolboxes and some initial steps toward achieving our objectives
- Our goal is to collaborate with other agencies and community groups as much as possible
- Please watch for updates on the AzAAP website and contact us if you would like to become involved in the committee as a community expert



Questions?

<http://www.azaap.net/obesity>

rene7@cox.net



Child Care Environments and Obesity

Is Day Care Making Our Kids Fat?

Kelley Murphy, RN, MSN
Senior Health Policy Specialist
First Things First

Child Care Types

- ◉ Regulated vs. Non-Regulated
 - > DHS regulation
 - > DES regulation
- ◉ Child Care Center vs. Child Care Home
- ◉ Formal vs. Informal

How many Arizona kids are in child care?



How many kids are in child care?

- ◉ No one really knows
- ◉ Almost 55,000 kids receive DES subsidized child care
- ◉ 260,000 kids in Arizona are in a DHS regulated child care facility
- ◉ No way to know the number of kids in family/friend/neighbor care

How much time do children spend in child care

- ◉ As little as a couple of hours per week
- ◉ As long as 10-12 hours a day
- ◉ Most children in child care eat at least one meal there
- ◉ Some children eat all of their meals in a child care setting



With so many kids in Child Care every day, Arizona must have some pretty good food/nutrition and physical activity regulations right?

Right?

Evidence Based Policies

- Water should be freely available
- Sugar sweetened beverages should be limited
- Foods of low nutritional value should be limited
- Children should not be forced to eat
- Food should not be used as a reward
- Support should be provided for breastfeeding and provision of breast milk
- Screen time should be limited
- There should be a daily physical activity required (set amount of minutes)

Arizona addresses 4 of these

- Water is required to be freely available
 - > In both child care centers and homes
- Sugar sweetened beverages are limited
 - > Sorta- can't replace juice with sugar sweetened beverages- homes only
- Foods of low nutritional value are limited
 - > In homes only
- Children are not forced to eat
 - > In both child care centers and homes

Meal Requirements

- Describe components of a meal
- Describe appropriate serving size of each component
- Do not specify which foods are a better choice

Breakfast Meal Pattern Requirements

Components	Ages 1-2 years	Ages 3-5 years	Ages 6 and older
Breakfast:			
1. Milk, fluid	½ cup	¾ cup	1 cup
2. Vegetable, fruit or full strength juice	¼ cup	¼ cup	½ cup
3. Bread or bread alternative (whole grain or enriched)			
-Bread	½ slice	½ slice	1 slice
-or cornbread, rolls, muffins or biscuits	½ serving	½ serving	1 serving
-or cold dry cereal (volume or weight, whichever is less)	¼ cup or 1/3 oz.	1/3 cup or ½ oz.	½ cup or 1 oz.
-or cooked cereal, pasta, noodle packets, or cereal grains	¼ cup	¼ cup	½ cup

What to feed is minimally addressed, but what about HOW to feed?



You'll sit there until you clean your plate...

- Teachers should sit with children while they eat.
- Teachers should eat the same foods children are eating
- Children should not be forced to eat
- Nutrition education should be provided with meals
- Children should eat in small groups
- No more than 4-6 oz. of 100% juice per day
- Low Fat milk should be substituted for whole milk after age 2.

Physical Activity?


- Currently, Arizona licensing regulations do not require any minimum amount of physical activity.
- Toddlers and preschoolers need a MINIMUM of 30-60 minutes of structured physical activity per day (NASPE).
- Toddlers and preschoolers need a MINIMUM of 60 minutes of unstructured physical activity per day (NASPE).

Some other policy implications to consider

- Training of child care directors and staff
 - › Child and Adult Care Food Program
 - › NAP SACC
- NO SCREEN TIME
- Celebration/Reward Guidelines
 - › Books vs. Cupcakes
 - › Approved list of food items
- Healthy Fundraising

Thanks!





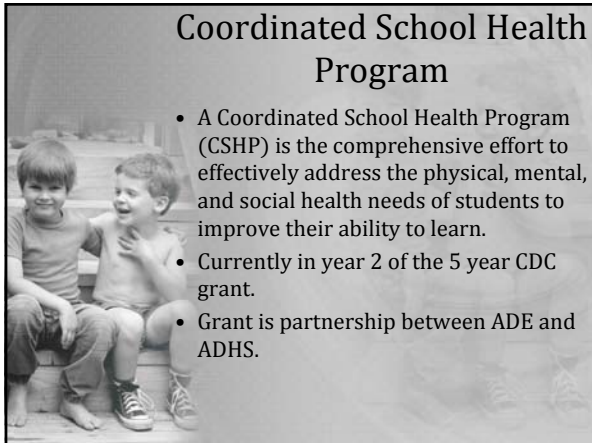
Children Can't Wait

**Arizona Department of
Education**
Health and Nutrition Services
Traci Grgich, RD, SNS



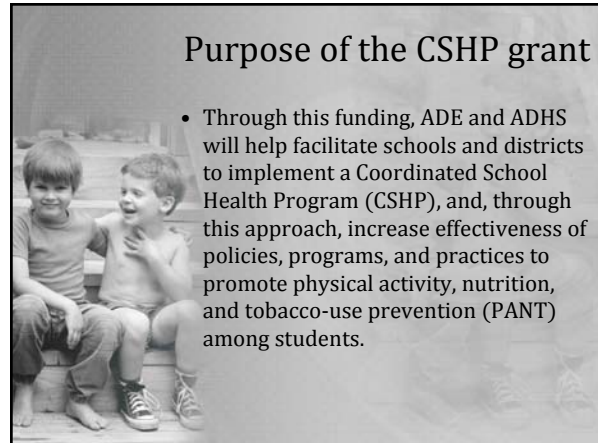
Overview

- Coordinated School Health Program (CSHP)
- Health Education and Physical Education Standards Revisions
- Local Wellness Policies
- Arizona Nutrition Standards
- Fresh Fruit and Vegetable Program



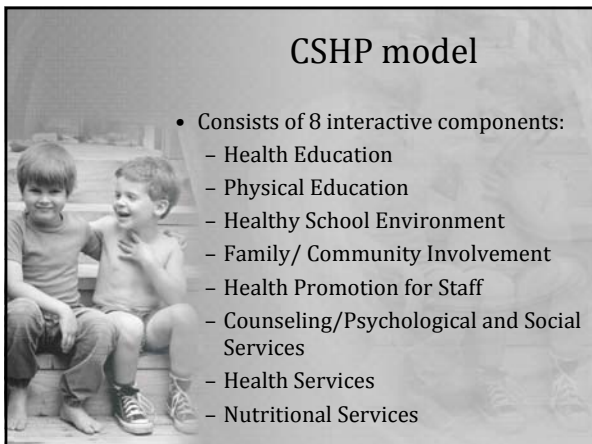
Coordinated School Health Program

- A Coordinated School Health Program (CSHP) is the comprehensive effort to effectively address the physical, mental, and social health needs of students to improve their ability to learn.
- Currently in year 2 of the 5 year CDC grant.
- Grant is partnership between ADE and ADHS.



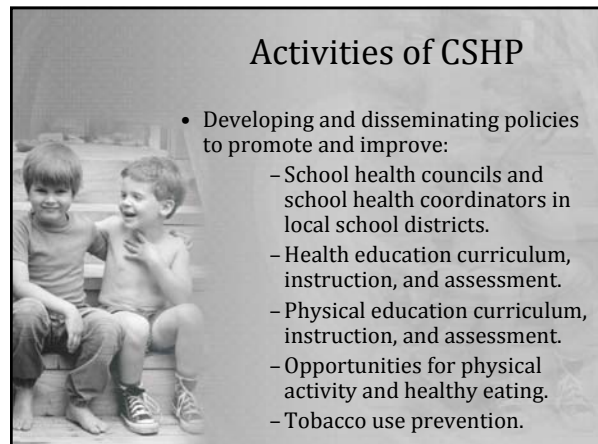
Purpose of the CSHP grant

- Through this funding, ADE and ADHS will help facilitate schools and districts to implement a Coordinated School Health Program (CSHP), and, through this approach, increase effectiveness of policies, programs, and practices to promote physical activity, nutrition, and tobacco-use prevention (PANT) among students.



CSHP model

- Consists of 8 interactive components:
 - Health Education
 - Physical Education
 - Healthy School Environment
 - Family/ Community Involvement
 - Health Promotion for Staff
 - Counseling/Psychological and Social Services
 - Health Services
 - Nutritional Services



Activities of CSHP

- Developing and disseminating policies to promote and improve:
 - School health councils and school health coordinators in local school districts.
 - Health education curriculum, instruction, and assessment.
 - Physical education curriculum, instruction, and assessment.
 - Opportunities for physical activity and healthy eating.
 - Tobacco use prevention.

Activities of CSHP

- Providing tools and training to help schools and school districts implement effective policies and practices to establish and strengthen CSHP, promote physical activity and healthy eating, and reduce tobacco use.

Activities CSHP

- Identifying youth at greatest risk for inactivity, unhealthy dietary patterns, and tobacco use and focusing efforts on implementing strategies to reduce their risk.
- Involving youth in planning, delivering, and evaluating CSHPs and efforts to promote PANT.
- Documenting the impact of program activities by monitoring the percentage of schools that are implementing effective CSHP and PANT policies, programs, and practices.

Activities of CSHP

- Arizona Health Education and Physical Education Standards Revision(K-12).
- Based on the National Health Education and Physical Education standards.
- Committees have formed to review and update- waiting board approval for public comment.
- Plan to have board approved by next fall/winter.

Local Wellness Policies (LWP)


- All schools who operate the National School Lunch Program (NSLP) have to implement a LWP.
- Policies must include:
 - Nutrition Education
 - Physical Education
 - Nutrition Guidelines for All Foods Available on Each School Campus
 - Evaluation Plan

LWP

- Nutrition guidelines selected by the school/district for all foods available on each school campus during the school day with the objective of promoting student health and reducing childhood obesity.
- Cannot be less restrictive than the USDA regulations.

LWP

- Developed by any/all of the following stakeholders:
 - Administrators
 - School board members
 - Parents
 - Food service directors
 - Teachers
 - School nurse
 - Social workers/Counselors




Arizona Nutrition Standards (ANS)

- ARS 15-242
- The law mandates that all K-8 schools participate in the National School Lunch Program and implement the Arizona Nutrition Standards.
- The foundation for the Arizona Nutrition Standards is based on the 2005 Dietary Guidelines for Americans and the USDA's Federal Child Nutrition Program regulations.


ANS

- 
- Standards are set for any food or beverage item that is sold outside of the reimbursable breakfast or lunch meal.
 - This includes any a la carte, vending, school store food or beverage items.
 - Limits on calories, fat, saturated fat, sodium, fiber, sugar.
 - Sets limits on portion sizes of food/beverages.
 - For more information visit ade.az.gov/health-safety/cnp/HB2544



Fresh Fruit and Vegetable Grant Program

- USDA funded grant
- Provides money to schools to purchase fresh fruits and vegetables for snacks for students.
- Snacks are provided throughout the school day- time varies from school to school.
- 1 year competitive grant administered through ADE.
- Recently awarded 49 schools in 32 districts around the state.



Contact information

*Health and Nutrition Services
School Health and Nutrition
Programs
602-542-8700*

ade.az.gov/health-safety/nslp

Facilitated Chaos

Themes from the Children Can't Weight
Community Forum on Obesity Prevention
May 19, 2009
Phoenix, Arizona



Review of Conference

- 76 Total Participants
- Community Forum Framework
- Panel 1 - Collecting Useful Data to Enhance Childhood Obesity Prevention
- Panel 2 - Role of Policy in Strengthening Childhood Obesity Prevention Efforts
- Facilitated Chaos
- Networking



Evaluation Results

- The forum was appropriately organized
 - Yes = 100.0% (46)
 - No = 0.0% (0)



Evaluation Results (continued)

- Panel 1: Collecting Useful Data to Enhance Childhood Obesity Prevention
 - The panel was worthwhile
 - Yes = 95.7% (44) No = 4.3% (2)
 - The presentations were useful
 - Yes = 95.7% (44) No = 4.3% (2)
 - Speakers were knowledgeable in their subjects
 - Yes = 100.0% (46) No = 0.0% (0)
 - There was enough time for questions
 - Yes = 93.3% (42) No = 6.7% (3)
 - The amount of time for this panel was appropriate
 - Yes = 93.2% (41) No = 6.8% (3)



Evaluation Results (continued)

- Panel 2: Role of Policy in Strengthening Childhood Obesity Prevention Efforts
 - The panel was worthwhile
 - Yes = 100.0% (46) No = 0.0% (0)
 - The presentations were useful
 - Yes = 100.0% (46) No = 0.0% (0)
 - Speakers were knowledgeable in their subjects
 - Yes = 100.0% (47) No = 0.0% (0)
 - There was enough time for questions
 - Yes = 88.9% (40) No = 11.1% (5)
 - The amount of time for this panel was appropriate
 - Yes = 95.3% (41) No = 4.7% (2)



Evaluation Results (continued)

- Facilitated Chaos
 - This session identified emerging themes from among attendees
 - Yes = 97.1% (33) No = 2.9% (1)
 - I had opportunity to express my views
 - Yes = 100.0% (34) No = 0.0% (0)
 - The session was well organized
 - Yes = 97.1% (33) No = 2.9% (1)



Evaluation Results (continued)

- **I am interested in continuing to work with those in attendance on childhood prevention and control efforts...**
 - Yes = 95.1% (39) No = 4.9% (2)
- **This was a good community forum**
 - Yes = 100.0% (43) No = 0.0% (0)



Evaluation Results (continued)

- **Select comments**
 - I loved the variety of speakers and the range of knowledge and expertise
 - Thoughtful organization, engaging format
 - Was very fun and interactive and informative
 - Lots of people from different areas of health care community
 - Please continue these forums. The opportunity for like minded people to get together is vital and important
 - Perfect kickoff to coordinate future policy training and community capacity activities



Evaluation Results (continued)

- **Additional Comments...**
 - We need an "action" conference rather than talking about problems we all know exist
 - No more data... what are we going to do about it?
 - Too much talking about stats not enough action



Facilitated Chaos

- **World Café style**
 - 14 tables each with stationary table host
 - Multiple rounds
 - cross pollination of ideas
 - "What 3-4 policy changes do you believe could have the greatest impact on obesity prevention?"



Facilitated Chaos

- Domains
 - Childcare
 - School Settings
 - Built Environment
 - Food Environment
 - Healthcare
 - Other?



Facilitated Chaos

Childcare

- Adopt and enforce nutrition/physical activity standards for childcare centers. Establish funding for oversight.
- Childcare programs mandate healthy foods for all children.
- One hour of structured physical activity in childcare and schools.
- Decrease screen time.



Facilitated Chaos

School Settings

- Segmented into three sections
 - Physical Education and Activity
 - Nutrition and Food Service
 - Other!



Facilitated Chaos

School Setting - Physical Education & Activity

- Require physical activity in schools as part of non-elective curriculum
 - 60 to 90 minutes/daily
 - 150 minutes/week for K-8; 225 minutes/week for 9-12.
- Require PE be taught by certified PE teacher
- Teach life-long physical activity in school; including mandated active recesses.
- Offer more variety in types of physical activity offered both for recess and PE—give choices to all students



Facilitated Chaos

School Setting – Food & Nutrition

- Expand Arizona School Nutrition Standards through High School
- Monitor implementation of school food service policies
- Free universal breakfast for everyone
- Mandatory nutrition curriculum and nutrition education K-12
- Education for food service employees and other school administrators with behavior modeling



Facilitated Chaos

School Setting – Other

- RN at every school monitoring IHPs, including BMI, nutrition, physical activity and cognitive measures
- Target high school kids in health education and body image
- Educate faculty and administrators on good health practices
- Open schools to after-school and weekend access
- School yard revitalization
- Bring back urgency to nutrition and physical activity at schools (as opposed to AIMS)
- Gardens in schools
- Photovoice “type” activities in schools



Facilitated Chaos

Built Environment

Segmented into three sections:

- Transportation & Walkability
- Spaces to Play & Recreation
- Zoning



Facilitated Chaos

Built Environment –

Transportation/Walkability

- Safe Routes to School & Walking School Bus
- Complete streets
 - Increase the number of seconds that traffic allows for crossing street
- Better Public Transportation
- Mixed Use Development



Facilitated Chaos

Built Environment –

Recreation

- Mixed Use Facilities
 - Schools (after school and weekends)
 - Inside areas for summer activities
- Climate considerations
 - More water activities (i.e. splash pads)
 - Shade and awnings over playgrounds
 - School yard revitalization
- Safety issues – adult/police supervision



Facilitated Chaos

Built Environment – Zoning

- Smart Growth & Mixed Use Zoning
- Zoning to encourage smaller stores that offer healthy foods in neighborhoods and communities
- Corporate Building “recreation tax” to go into built environment parks and facilities fund
- Zoning policy to limit fast food restaurants within a certain distance of schools



Facilitated Chaos

Food Environment

Segmented into four sections:

- Labeling
- Availability
 - Community Gardens
 - Access to healthy food in restaurants
- Marketing
- Other



Facilitated Chaos

Food Environment – Labeling

- Nutrition labeling including calories and fat
 - grocery stores
 - restaurants and
 - other places that sells prepared food



Facilitated Chaos

Food Environment

Availability – Community Gardens

- Promote community gardens
 - Churches, schools, community centers, vacant lots, businesses, etc.
- Utilize businesses to donate supplies, tools and seeds to begin the garden
- Community Garden tax credit



Facilitated Chaos

Food Environment -

Availability - Access to healthy restaurant food

- Zoning to limit fast food restaurants within a certain distance of schools
- Promote healthy fast food
- Encourage supermarkets within walking distance of housing
- Food vendors on the side of the road to promote healthier options



Facilitated Chaos

Food Environment – Marketing

- Policy that grocery stores have only healthy foods at eye level of children
- Limit marketing to young children
 - Require 1-1 match in health vs. junk food marketing
- Make obesity costs available to increase awareness



Facilitated Chaos

Food Environment – Other

- More education on portion sizes
- Outlaw high fructose corn syrup



Facilitated Chaos

Health Care

- Registered nurses in every school as an extension of pediatricians
- Monitor BMI and use word “obese” to get parental attention
- Promote use of “Tool Box” (lots of discussion about 5-a-day)
- Providers need to be accountable for referring to dietitians and follow up on referrals.
- Create physical activity models in health professions.
- Promote breastfeeding and baby friendly hospitals.



Facilitated Chaos

Others!

- Internet sites geared toward children and adults regarding nutrition
- Put healthy parameters in SNAP with incentives
- Breast feeding policies (workplaces and hospitals)
- Support subsidized child care to decrease latch key kids
- Parents/teachers need to be role models (nutrition education)
- Financial rewards for good weight
- Keep the message simple: obesity is taboo
- Volunteering—decrease in student loans
- Tax on soda
- Socio-ecological model--multiple levels of intervention to impact the problem of childhood obesity



NEXT STEPS

